## **Application Data She t**

**Application Information** 

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

Title::

HYDROSTATIC TRANSMISSION

**BYPASS LATCH** 

Attorney Docket Number::

36400.21US3

Request for Early Publication?::

No

Request for Non-Publication?::

Yes

Suggested Drawing Figure::

13

**Total Drawing Sheets:** 

19

Small Entity::

No

Petition Included?::

No

Secrecy Order in Parent Appl.?::

No

## **Applicant Information**

Applicant Authority type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Herb M.

Family Name::

Poplawski

Name Suffix::

City of Residence::

Sullivan

State or Province of Residence::

IL

Country of Residence::

US

Street of mailing address::

101 1/2 E. Jefferson

City of mailing address::

Sullivan

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 61951

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Raymond

Family Name:: Hauser

Name Suffix::

City of Residence:: Sullivan

State or Province of Residence::

Country of Residence:: US

Street of mailing address:: R.R.#3, Box 383

City of mailing address:: Sullivan

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 61951

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John D.

Family Name:: Schreier

Name Suffix::

City of Residence:: Fitchburg

State or Province of Residence:: WI

Country of Residence:: US

Street of mailing address:: 5591 Polworth Street

City of mailing address:: Fitchburg

State or Province of mailing address:: WI

Country of mailing address:: US

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Postal or Zip Code of mailing address:: 53711

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas J.

Family Name:: Langenfeld

Name Suffix::

City of Residence:: Sullivan

State or Province of Residence::

Country of Residence:: US

Street of mailing address:: 408 W. Blackwood Street

City of mailing address:: Sullivan

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 61951

**Correspondence Information** 

Correspondence Customer Number:: 25541

Phone Number:: (312) 269-5282

Fax Number:: (312) 269-1747

E-mail address:: <u>tmcdonough@ngelaw.com</u>

Representative Information

Representative Customer Number:: 25541

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This application continuation of 10/082,750 2/25/02

10/082,750 divisional of 09/637,304 8/11/00

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

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Assignment Informati n

Assignee Name:: Hydro-Gear Limited Partnership

Street of mailing address:: 1411 S. Hamilton Street

City of mailing address:: Sullivan

State or Province of mailing address::

Country of mailing address:: US

Postal or Zip Code of mailing address:: 61951